



DEPARTMENT OF THE ARMY  
UNITED STATES ARMY PHYSICAL DISABILITY AGENCY  
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WASHINGTON DC 20307-5001

AHRC-DZB

FEB 28 2005

MEMORANDUM FOR PHYSICAL EVALUATION BOARD PRESIDENTS

SUBJECT: Policy/Guidance Memorandum # 11: Determining Metabolic Equivalents (METs) in Cardiovascular Cases

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1. Supersession: This policy memorandum supercedes USAPDA memorandum, 8 April 2002, subject above. It provides no change in policy; the signature block is updated.
2. Purpose: To provide guidance to the Physical Evaluation Boards (PEBs) on the minimum data to be included in Medical Evaluation Boards (MEBs) submitted on soldiers who do not meet medical retention standards for cardiac disease or injury. It defines use of the New York Heart Association Classification of Functional Capacity (NYHAC) and further clarifies the information to be cited in the MEB narrative summary (NARSUM).
3. Discussion: Effective 12 January 1998, the Department of Veterans Affairs (DVA) Schedule for Rating Disabilities employs the metabolic equivalent (MET) as an indicator of the functional capacity of the heart. This Agency confirmed that the DVA does not require direct measurement of METS. The DVA requires its medical officers to provide DVA adjudicators with a MET level derived from conversion of a soldier's performance on any accepted treadmill exercise test when such a test is not medically contraindicated. Accordingly, direct measurement of METS need not be a requirement for cardiac cases forwarded to the PEBs.
4. Guidance:
  - a. Minimum data. The minimum data to be included in MEBs submitted on soldiers who do not meet medical retention standards for cardiac disease or injury will be the results, **stated in METs**, of cardiac exercise testing, provided that the soldier does not have a medical condition which precludes administering a treadmill exercise test.
  - b. Alternatives to cardiac exercise testing.
    - (1) The following is quoted from the DVA Supplementary Information concerning the current Cardiovascular System rating system.

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**Administering a treadmill exercise test may not be feasible in some instances...because of medical contraindications such as unstable angina with pain at rest, advanced atrioventricular block, or uncontrolled hypertension. We have, therefore, provided objective alternative criteria, such as cardiac hypertrophy or dilatation, decreased left ventricular ejection fraction, and congestive heart failure, for use in those cases. We have also indicated that when a treadmill test cannot be done for medical reasons, the examiner's estimation of the level of activity, expressed in METs, and supported by examples of specific activities, such as slow stair climbing or shoveling snow that results in dyspnea, fatigue, angina, dizziness, or syncope, is acceptable.**

(2) Alternative methods of assessment of cardiac function are applicable only in the circumstances noted above in paragraph 3b(1), above, i.e., only in cases that involve a medical condition that prevents the administration of a treadmill exercise test.

(3) When no better alternative is available for estimating METs, an estimation of METs based on the NYHAC may be used. The estimation is based on clinical symptomatology.

(4) Conversion from the NYHAC to METs can be done by referring to the reference cited in para 3c(2), below.

c. Citations in NARSUM.

(1) Any generally recognized treadmill exercise test protocol will be acceptable but should be cited in the NARSUM.

(2) The conversion method used to determine the METs (conversion table, or software integrated into the testing apparatus) should be noted in the NARSUM. (An excellent conversion table is found in *Braunwald's HEART DISEASE, 5th Edition, Chapter 5, page 156. Saunders, 1997.*)

(3) When an exercise stress test is not used, cardiologist must state, in the NARSUM, that a stress test is contraindicated and specify the reason.

(4) When the NYHAC is used, the activities that the soldier is both able and unable to perform should be noted in the NARSUM by the cardiologist who assigns the NYHC. Because there are different versions of the NYHAC, the edition used should be cited in the NARSUM.

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in Cardiovascular Cases

5. Point of contact: Point of contact is Dr. Charles Peck, M.D., Senior Medical Officer, DSN  
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FOR THE COMMANDER:

A handwritten signature in black ink, appearing to read 'Dan L. Garvey', with a stylized flourish at the end.

DANIEL L. GARVEY  
COL, AV  
Deputy Commander

CF:  
HQUSAPA Senior Staff  
DASG-HSP (COL Arroyo)  
APDAB (COL Sutton)